



New Employee Benefits Orientation 2005

Human Resources
Employee Benefits Division

County of Orange

Employee Benefits Overview

- ⇒ Enrollment Process.
- ⇒ Health Insurance Programs.
- ⇒ Effective Date of Coverage.
- ⇒ County Employee Married to County Employee.
- ⇒ Leave of Absence & Health Insurance Coverage.
- ⇒ DCRA/HCRA.
- ⇒ Employee Assistance Program.
- ⇒ 457 Defined Contribution Plan.
- ⇒ Q&A.

2005 ENROLLMENT PROCESS

- ⇒ To begin the process, your Agency will take your new hire information and input it into the County system.
- ⇒ The County then sends an electronic file every two weeks to the Benefits Center. The Benefits Center is your centralized resource for enrollment and benefit information. The Benefits Center takes that incoming information and generates new hire packages to be mailed.
- ⇒ Your New Hire package will be mailed to you at your home address.

2005 ENROLLMENT PROCESS

- ⇒ In your package, you will be given all the information needed to make your elections including your Personal Identification Number (PIN).
- ⇒ Your PIN is what allows you the ability to either go online via the Benefits Center Website or to call the Benefits Resource Line and speak to a Benefits Specialist to assist you in making those elections or to provide you benefits information.

2005 ENROLLMENT PROCESS

- ⇒ You have 30 days from the date on your Benefits Enrollment Summary to make your elections.
- ⇒ If you fail to make your elections within the given time period, you will be defaulted into a designated health plan for yourself only coverage.

How to Enroll on the Benefits Center Web Site:



- ⇒ You can access the Web Site from any computer with Internet access, at home or at work, 24 hours a day, 7 days a week.
- ⇒ Simply type the Web Site address, www2.benefitsweb.com/countyoforange.html, into your browser and press “Enter”.

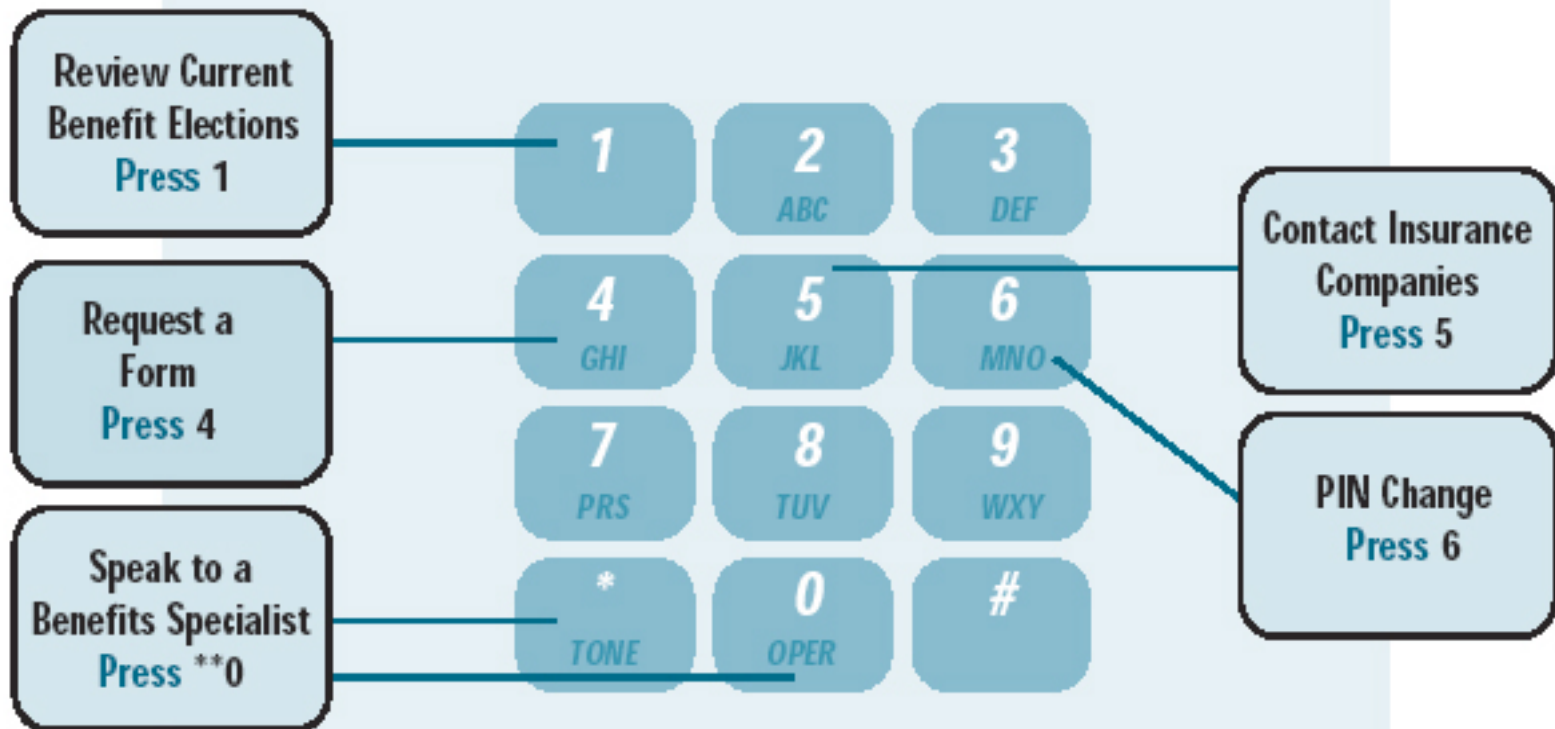
How to Enroll on the Benefits Center Web Site:

- ⇒ Once you save your changes, the site will generate your Benefits Confirmation Statement on screen, which lists your benefit elections.
- ⇒ You can print a copy of this statement for your records.
- ⇒ You will also receive a Benefits Confirmation Statement in the mail shortly after making your elections.

How to Enroll on the Benefits Resource Line:

- ⇒ You'll be prompted to enter your Social Security Number and PIN to get to the Benefits Selection Menu.
- ⇒ From the Benefits Selection Menu, you'll hear a list of options. Just select the option that you want and press the corresponding number on your phone's touch tone keypad.
- ⇒ If you do not have your PIN, press * * 0 and you will be automatically connected to a Benefits Specialist who can assist you.

How to Enroll on the Benefits Resource Line:



How To Choose Your Benefits

- ⇒ Review all the information carefully.
- ⇒ Request additional information (Health plan documents), by visiting the Benefit Center Website at www2.benefitsweb.com/countyoforange.html or calling the toll free Resource Line at 1-866-325-2345.
- ⇒ Call the Health Plan Member Services Department with additional questions.

How To Choose Your Benefits

- ⇒ Understand that different benefits are offered to different job classifications. Know what classification you are!
- ⇒ Ask Questions.

Health Plan Rate Structure

- ⇒ 2005 Health Premiums for Full-time Employees — Employee-only Coverage
 - County pays 95% of cost
 - Employees pay 5% of cost
- ⇒ Rates in effect until end of Plan Year (January 1 - December 31).

Health Plan Types

- ⇒ 2 Preferred Provider Organization Plans. (PPO)
- ⇒ 2 Health Maintenance Organizations Plans. (HMO)
- ⇒ See Benefits Enrollment Guide for more information.

Health Plan Types

➡ Available health plans:

- Premier Wellwise PPO
- Premier Sharewell PPO
- CIGNA Private Practice HMO
- Kaiser Permanente HMO

PPO Plan Features

- ⇒ **Freedom of Choice.**
- ⇒ “In-Network”- PacifiCare Signature Options Network (90% / 10%).
 - In-Network Providers can be verified by calling PacifiCare Health Plan Administrators at 1-800-908-9185 or logging on the their Website at www.pacificare.com/ocppo, click on doctor directory.
- ⇒ “Out-of-Network” (80% / 20%).

PPO Plan Features

- ⇒ **Plan Document** describes plan coverage, exclusions and limitations.
- ⇒ **Pre-existing Condition** Exclusions Apply.
- ⇒ Prescription Drug Program.
- ⇒ Calendar year deductibles apply.
- ⇒ Lifetime maximums.

PPO Plan Features

- ⇒ Required to Submit Claim Forms for Reimbursement of Medical Expenses.
- ⇒ Pre-certification Review Required for Scheduled Hospitalizations/Penalty Applies.
- ⇒ Self-Insured Plans.

PPO Plan Features

PacifiCare Health Plan Administrators- Claims Administrator:

- ➔ Pay benefits according to Plan Document.
- ➔ Issue EOBs and ID Cards.
- ➔ Provide Customer Service.
- ➔ Conducts hospital Pre-Certification Review.
- ➔ Case Management.
- ➔ PPO Network - www.Pacificare.com/ocppo
- ➔ **365-day** Claims Filing Limit.

Premier Wellwise PPO

- ⇒ \$300 Individual Deductible/ \$600 Family Deductible.
- ⇒ \$1,000,000 Lifetime Maximum.
- ⇒ Must use a Caremark retail pharmacy or the Caremark mail order program
- ⇒ Will not be reimbursed for prescriptions filled at a non-Caremark pharmacy—except when needed in an emergency
- ⇒ Chiropractic coverage.

Premier Wellwise Rebate

⇒ Year-End Wellness Incentive:

- ➔ Annual rebate (taxable) for non-use of plan.
- ➔ \$200/ee only, \$400/ee+1, \$500/family.
- ➔ \$50 non-smoker award (employee only).
- ➔ Suggest that plan members hold claims until deductible is satisfied to compare with rebate.
- ➔ Use of Caremark card will make you ineligible for rebate.

Premier Sharewell PPO

- ⇒ **\$5,000** family deductible.
- ⇒ An **Option or Alternative** for employees with other comprehensive coverage.
- ⇒ Chiropractic coverage.
- ⇒ Credit instead of deduction.

Premier Sharewell PPO

- ⇒ Special Note - No plan changes allowed during the year even if coverage under your other plan is lost during the year.
- ⇒ Can add/drop dependent with a qualified life event.

PPO Plan Preventive Care

- ⇒ 100% coverage, no deductible, no yearly maximum for children through age 18 must use In-Network provider.
- ⇒ 100% coverage, no deductible, \$250 a year maximum for adults age 19 and over must use an In-Network provider.
- ⇒ Limited Preventive Care Benefits – the 100% benefit up to a total of \$250 will apply first.

PPO Plan Preventive Care

- ⇒ Newborn hospital charges covered at 90% in-network, 80% out of network.
- ⇒ **Read your Benefits Enrollment Guide for detailed benefit description.**

Prescription Drug Program

- ⇒ Caremark Prescription Drug Program offered under the Premier Wellwise PPO Plan:
 - pay 20% of discounted price no annual deductible.
 - mail order drug program (maintenance Rx) (greater than 30 days).
- ⇒ **Sharewell Plan** must submit claims through Pacificare Health Plan Administrators for reimbursement.

HMO Plan Features

- ⇒ Managed Care Programs.
- ⇒ Preventative, Diagnostic & Comprehensive Major Medical Coverage **Included**.
- ⇒ **Minimal Co-payments** for Health Services and Prescriptions.
- ⇒ **No** Claim Forms to file.
- ⇒ **No** Annual Deductibles to Satisfy.
- ⇒ **No** Lifetime Maximums.

HMO Plan Features

- ⇒ **Know** Your HMO Plan and Work **within** HMO Plan when Obtaining Health Services:
 - Physician Selection.
 - Referrals to Specialist.
 - Must use Plan hospitals.
- ⇒ When Obtaining Urgent or Emergency Care Outside of Service Area:
 - ➔ Must contact HMO **immediately** (actual timeframe determined by HMO); otherwise health services **may not** be covered.

CIGNA Private Practice HMO

- ⇒ CIGNA has contractual arrangements with medical groups, private practice physicians and hospitals.
- ⇒ \$15 co-payment for office visits.
- ⇒ Prescription co-pays:
 - \$10 for generic drugs
 - \$15 for brand-name drugs
 - Mail-order drug program (maintenance Rx).
- ⇒ Limited vision plan through Vision Service Plan.
- ⇒ Read the Benefits Enrollment Guide for more information.

Kaiser HMO

- ⇒ Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees.
- ⇒ \$15 co-payment for office visits.
- ⇒ Prescription co-pays:
 - \$10 for generic drugs
 - \$15 for brand-name drugs
 - Mail-order drug program (maintenance Rx).
- ⇒ Limited vision plan through Kaiser.
- ⇒ Read the Benefits Enrollment Guide for more information.

HMO Chiropractic Care

- ⇒ Provided by CIGNA and Kaiser through American Specialty Health Plans (ASHP).*
- ⇒ Over 1,800 Credentialed Chiropractors.
- ⇒ Call the ASHP Provider directly to schedule an appointment. Must go to an authorized provider for services to be paid.
- ⇒ \$15 co-pay per visit, up to 30 visits per year.
- ⇒ For chiropractor directory call 1-800-678-9133 or visit the ASHP website at www.americanspecialtyhp.com
- ⇒ Craft & Plant employees not eligible for chiropractic benefits

Health Plan ID Cards

- ⇒ Combined PPO/Caremark I.D. Card issued by **PacifiCare** (Cards issued in subscriber's name)
- ⇒ HMO ID cards will be issued directly from the HMO selected.
- ⇒ New Health Plan ID cards will be sent within 30 days from the date you receive your Confirmation Statement.
- ⇒ Your health ID card contains **important** information and telephone numbers.

Dependent Eligibility

- ⇒ Legal Spouse.
- ⇒ Domestic Partner
- ⇒ Children through age 18.
- ⇒ Full-Time Students must carry 12 units and be age 19 through 22 (ineligible at age 23).
- ⇒ Incapacitated children (enrolled prior to 19th birthday).
- ⇒ Children of Adoptions and Legal Custody Awards.
- ⇒ Parents **and** grandparents are **ineligible**.

Dependent Eligibility

- ➡ It is your responsibility to notify the Benefits Center within 30 days when a dependent becomes eligible or ineligible for coverage.
- ➡ Dependents, when terminated, will be able to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Some exceptions for Domestic Partners.

County Employee Married To County Employee (EME)

- ⇒ County pays 100% of health plan premiums for those married employees enrolled in the same plan. One spouse must be subscriber, while the other enrolls as a dependent.
- ⇒ Required to complete EME form.
- ⇒ May enroll in separate health plans- dependents premiums will apply.
- ⇒ Marital status change will make employees ineligible for EME.

Adding or Dropping Dependents During the Plan Year

⇒ Qualifying Status Change Event **Only**:

- Marriage/Divorce
- Birth/Adoption
- Newly Established Domestic Partnership
- Commencement or Termination of Spouse's Coverage
- Dependent No Longer Eligible under Plan Guidelines

Changes Not Allowed During Plan Year

- ⇒ **Cannot** change Health Plans during the Plan Year for Any Reason - Health Plan contracts do not allow.
- ⇒ **Cannot Change Plans when:**
 - Participant of Premier Sharewell PPO Plan lose the other coverage they had when first enrolling.
 - Your HMO physician terminates contract with health plan (CIGNA or Kaiser).

Annual Open Enrollment

- ⇒ Only time of the year Plan Changes can be made.
- ⇒ Pre-existing condition exclusions are waived for PPO plans.
- ⇒ Held in the fall each year.
- ⇒ Changes made are effective January 1st of following year.

Before Tax Deductions

- ⇒ The following deductions are taken on a before-tax basis, which means you pay less income taxes and have more take-home pay:
- ⇒ Health care premiums
- ⇒ The 1% Retiree Medical Insurance Program contributions
- ⇒ If you do not want the tax advantage of before-tax deductions, you'll need to call the Benefits Resource Line to elect after-tax deductions.

Retiree Medical Insurance Program

- ⇒ Designed to assist in the cost of health plan coverage as a County retiree.
- ⇒ Eligibility: 10-years of County service and age 50.
- ⇒ Provides a Grant based on years of service to a maximum of 25 years.
- ⇒ If you terminate employment and do not meet eligibility requirements you will be eligible for a taxable cash lump sum benefit.
- ⇒ There are no guarantees that this program will continue in the future.

Important Dates for Health Insurance Coverage

- ⇒ Health Benefits Effective Date - First day of the month following 30 days from the date of hire.
- ⇒ Will receive a **Confirmation Statement** mailed to your home shortly after you have made your elections.
- ⇒ You will have 10 business days from the date of your statement to correct errors to the elections you made to your benefits coverage.
- ⇒ Call the Benefits Resource Line at 1-866-325-2345 and speak to a Benefits Specialist.

Important Dates for Health Insurance Coverage

- ⇒ Will default to Premier Wellwise Plan - employee only coverage if enrollment process is not completed.
- ⇒ Part-time employees will default to Premier Sharewell Plan – employee only coverage if enrollment process is not completed.

Leave of Absence & Health Insurance Coverage

- ⇒ When you are on a leave of absence and off payroll, you will be responsible for the **full premium** (County and employee share) to continue health insurance coverage.
- ⇒ After your agency codes you on a leave of absence, you will be sent a Leave of Absence package in the mail that provides you the information and options to choose from.
- ⇒ Only Exception - Family Medical Leave (check with agency HR Representative).

Dependent Care Reimbursement Account (DCRA)

- ⇒ Option for employees who pay for child or elder care.
- ⇒ May allocate **before-tax salary** to pay for eligible day care expenses.
- ⇒ Contributions taken out of paycheck.
- ⇒ To determine if this plan is the best choice for you, we recommend that you consult with a tax advisor prior to enrollment.

Health Care Reimbursement Account (HCRA)

- ⇒ Option for employees to allocate before-tax salary to pay for eligible medical, dental or vision expenses not covered or only partially covered by your health plans.
- ⇒ Contributions taken out of paycheck.
- ⇒ Because of tax consequences, recommend that you consult with a tax advisor prior to enrollment.
- ⇒ **Court employees and Eligibility Workers employees are not eligible for this benefit.**

DCRA/HCRA

- ⇒ For additional information about both of these programs:
 - Refer to the Benefits Center Website or call the Benefits Resource Line.
 - For a detailed list of eligible and ineligible expenses, you may call the IRS at 1-800-829-3576 or visit the IRS web site at www.irs.gov.
 - Consult a qualified tax advisor.

Employee Assistance Program (EAP)

- ⇒ Available through Employee Support Systems Co. (ESSCO) - **no cost to employee.**
- ⇒ Referrals to professional counselors for assistance w/legal, family issues, childcare and other referrals – **confidential.**
- ⇒ Available **24 hrs / 7 days** a week. **Call 1-800-221-0945** to schedule an appointment.
- ⇒ Available to all members of household.
- ⇒ If additional counseling is required, will either coordinate with health plan when services are covered or to discounted program.

Other Benefits

- ⇒ Dental, Life Insurance, Vision and Disability Insurance.
- ⇒ Based on your Bargaining Unit.
- ⇒ Talk to your Supervisor or contact your HR Representative.

Important Reminder

Change in Home Address:

- ➡ Please contact your Human Resources and/or Payroll Representative within your agency to submit a correct change of address for future information.
- ➡ If the Benefits Center does not have your current address, you will not be receiving any important benefits information that would be sent to your home address.

Important Reminder

- ➡ You can visit the County of Orange Employee Benefits Website at: www.oc.ca.gov/hr/employeebenefits and view a PDF version of the 2005 Benefits Enrollment Guide for employees.

Your Responsibility

- ⇒ Carefully review **ALL** the information.
- ⇒ Understand all plan provisions, limitations and exclusions **before** enrolling - this avoids surprises later.
- ⇒ Request additional information to help assist you in your decision (ie: plan documents) by logging on to the Benefits Center Website or calling the Benefits Resource Line.
- ⇒ Make your elections to **avoid default**.

Resources To Help In Your Health Plan Decisions:

For PPO Benefit Information contact:

PacifiCare Health Plan Administrators 1-800-908-9185

For Preferred Providers/Hospitals contact:

PacifiCare Signature Options 1-800-908-9185

For Prescription Drug Information contact:

Caremark 1-866-212-4758

Additional Resources:

For HMO Benefit Information contact:

CIGNA Customer Service	1-800-244-6224
Vision Service Plan	1-800-877-7195
Kaiser Customer Service	1-800-464-4000
ASHP (Chiropractic)	1-800-678-9133

457 Defined Contribution Program

Great West Retirement Services	1-866-457-2254
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County of Orange Benefits Center

- ⇒ Benefits Resource Line: 1-866-325-2345
- ⇒ FAX: 1-973-837-3330
- ⇒ Website: www2.benefitsweb.com/countyoforange.html
- ⇒ Mailing address:
PO BOX 436
Little Falls, NJ 07424

457 Defined Contribution Plan

- ⇒ Voluntary supplemental Retirement Savings Program (It is not OCERS, but in addition to it).
- ⇒ Administered by Great West Retirement Services.
- ⇒ Convenient before-tax payroll deductions.
- ⇒ Employee contributions only.
- ⇒ Can stop or start at any time.
- ⇒ Wide range of investment options.
- ⇒ www.countyoforangedcplan.com



Q & A

Thank You For Coming!